	To do not be Donner	ad Daduston Acre	of IGDS no nen	tons der	required to re	U. S. Pate	A track track track to mo	pprov emari	red for use thro k Office; U.S. n unless it disc	nigh 10 DEPAI	/31/2002. OI RTMENT OF Valid OMB C	\$8/06 (08-00) AB 0651-0032 COMMERCE mired number.	
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMER. U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMER. U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMER. U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMER. Application of Decket Number PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 10/075, 456													
CLAIMS AS FILED - PART 1 (Column 1) (Column 2)								SMALL ENTITY OR SMALL ENTITY					
FOR			R FILED		NUMBER EXTRA		R.A	TE	PEE		RATE	FEB	
	SIC FEE CFR L(6(s))	觀沙	湖水湖上500						s	OR		s	
TOT	AL CLAIMS		2_9 minus 20 =		٠ ٩		× \$_			OR	x \$/8_=	162	
	EPENDENT CLA	IMS	6 minus 3 =		. 3		* _	_=_		OR	×84-	25.7	
MULTIPLE DEPENDENT CLAIM PRESENT (17 CPR 1.1444)								_=		OR	<u>+</u> =		
♦ If the difference in column 1 is less then zero, enter "0" in column 2								TAL		OR	TOTAL	414	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								LL E	YTITME	OR	OTHER T		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	addi- Tional Fee	
	Total Ø7CFR LIGO	• 29	Minus	2	4	- 0	x \$_	_=		OR OR	x \$ <u>/R</u> =	0	
	Independent (31 CFR 1.16(b))	• 7	Minus	***	6	- 1	<u> -</u>			OR	× 86 -	86	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1) CFL (14th)							_=		OR	<u>•</u> -		
7/	15 N (Column 1) (Column 2) (Column 3)							EE		OR	TOTAL DDIT. FEE	86	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA	RA	те	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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₹		IST PRESENTATION OF MULTIPLE DEPENDEN			TCLAIM	(37 CFR 1.16(43)	1 F_		1	OR	+=		
(Column 2) (Column 2) (Column 3) ADDIT. FES										OR	TOTAL DDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREV	HEST MBER NOUSLY DFOR	PRESENT EXTRA	RA	TB	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE	
	Total of CFR 1.16(1)	•	Minus	•••		-	x \$_			OR OR	x \$=		
	Independent (37 CFR 1.16(b))	•	Minus	***		-	×			OR	×=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CPR 1.4(4)									OR	<u></u>	·	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 1. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

Burden Hour Statement: That form is estimated to take U. I house us interpression after regiment of the appropriate box in column I.

Burden Hour Statement: That form is estimated to take U.2 hours to complete. Time will very depending upon the next of the individual case.

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